that the incidence of breast feeding was increased by the rooming-in plan.

Moloney[6] and co-workers reported on a personal communication from Mead who stated that with primitive peoples who nurse their infants almost constantly during the first few days of life, there is almost a complete absence of cracked nipples. This is attributed to the fact that the infant who nurses so frequently does so only briefly and without the pull which the infant on a four-hour hospital schedule is capable of exerting. The experience of Moloney has borne out this theory.

Jackson[4] and co-workers and Moloney have mentioned the interest which this plan has stimulated not only in mothers but also in fathers. Jackson, of the Yale unit, expressed it: "Because of the enthusiastic participation of fathers in the project from the day of inception, the authors were inclined to entitle the paper 'Rooming-in for Parents and Newborns'." The fathers were allowed to hold the baby, change diapers, give water and perform other minor duties which made them feel a part of the show.

There has been no evidence to date that the incidence of infections among newborns under rooming-in conditions is greater than among infants cared for conventionally. It has been suggested that under rooming-in plans infections will be noticed earlier by the alert mother and therefore brought under more immediate control. It is the trend in all modern hospital construction to eliminate the large nursery and to make use of eight-bed or smaller nurseries. The purpose of this is to eliminate the tragic nursery epidemics which occur periodically.

Many hospitals throughout the country are making alterations in their present facilities or incorporating plans for rooming-in facilities in new construction. There are, of course, some valid objections to rooming-in plans, but compared to the advantages they are minor and not insurmountable. The day will come when rooming-in will be a facility of every progressive hospital, available to any mother who desires to participate.

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Psychiatrist's Point of View

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IN the first conference on the Problems of Early Infancy held in New York in 1947, Margaret Fries emphasized the advantages of the "rooming-in" plan to the mother, to the child, to the physician and to the father and family. It has already been stated that the early mother-child relationship has important implications for the emotional development of the child.

Modern dynamic psychiatry regards early childhood experiences as crucial in the development of the personality. This applies to the development of healthy emotional patterns as well as to poorly adaptive or neurotic ones. It is essential, therefore, that physicians have an adequate scientific understanding of the personality and its development, so that they can properly advise parents in their efforts with their children.

It is important to understand what is meant by "emotionally healthy development." Essentially it means emotional maturity. The mature adult is one capable of independence and self-reliance, but able at the same time to satisfy dependent needs in his intimate personal relationships. In other words, there must be a reasonable balance of independent and dependent strivings. The individual must be capable of a mature giving of love and sexuality, which will make possible being an adequate marital partner and parent, capable of forming a family, of working, and of taking the responsibility of satisfying the emotional and physical needs of those dependent on him, the marital partner and the children. In addition, the mature adult has the capacity to enjoy these activities of life, and possesses the ability to function as a responsible citizen in the community.

Childhood represents the transition phase between the completely dependent parasitic intra-uterine existence of the fetus, and the pre-adult period of adolescence, following which complete independence of the parents is finally achieved. This metamorphosis must be a gradual one, as the human infant is completely helpless during a long neonatal period. His physical maturation is very slow. Due to the complex society to which he must successfully adapt himself, his emotional maturation requires a much longer period of time than his physical maturation.

At birth, the infant is ejected from his intra-uterine existence in which all his needs are automatically satisfied by the maternal circulation and surrounding fluid and tissues, in which he experiences a minimum of physical tensions and therefore little or no painful frustration and anxiety. In contrast, the neonatal infant, completely helpless and dependent on the mother's ministrations for the satisfaction of his physical and emotional needs, for the first time experiences painful tensions, frustration, anxiety and rage, especially with the hunger experience. It is hardly surprising that he is especially vulnerable to intense feelings of insecurity. It is the consensus of opinion that freedom from

excessive tensions and anxiety during infancy is essential if the child is to develop the feelings of inner emotional security without which his development is often impaired. Successful acquisition of new and more mature functions and activities is much easier for the infant and child who is free of anxiety. It has repeatedly been observed that the anxious child is reluctant to give up well-tried and satisfying infantile emotional and behavior patterns and attempt new untried ones. He tends to remain on an infantile level because his fears and anxieties make unfamiliar activities seem dangerous to him.

How can one best assist babies to achieve this desirable and necessary feeling of security and freedom from tension and anxiety? This task is accomplished by the mothering which the infant can best receive from its own mother, whose love and maternal feelings almost instinctively motivate her to give to her infant exactly the kind of satisfaction and gratification he needs. With the pleasurable satisfactions of his needs, first physical, then emotional, come the feelings of security which make him a contented and placid baby. Experiencing over and over again that a loving and tender mother gratifies his needs and wishes, the infant develops the inner feeling of expectation that his needs will be gratified, thus permitting a feeling of security. The infant naturally lacks the capacity to tolerate thwarting. Consequently, when thwarted, he is overwhelmed immediately by intense feelings of anxiety and rage. Only later, when his developing neurophysiological, especially cortical functions, permit an increased awareness of his environment and of external reality, does he acquire the capacity to tolerate frustration a little. This comes about slowly and gradually, and does not exist at all in early infancy. It is for this reason that severe frustrations occurring during this early infantile period can be so crippling to the personality.

The infant's fundamental needs are for food, warmth, and protection from disturbing external stimuli. Although there is a basic similarity in different infants' needs, there are certain constitutional differences in the intensity and rhythmicity of their recurring physiological needs, especially hunger. Experience has demonstrated that the schedule of the infant's activities is best determined by the natural rhythm of his physiological needs. The so-called "scientific" methods of the early decades of this century which artificially enforce rigid schedules on the child require an adaptation for which the child is not ready, and therefore often permit the development of excessive tension, anxiety and insecurity. This can be avoided by adapting the feeding and other schedules to the child's natural rhythm. This is called the "demand" system, as the child is fed when his behavior indicates he is hungry. Similarly his other activities, such as sleeping and playing and, later, evacuation, are regulated by the child's needs, and not by an artificial schedule imposed by the mother or nurse. It is felt that the "demand" system affords the child the maximum gratification of his needs and helps him to begin life with a maximum degree of emotional security.

It is extremely important to understand that the simple prompt satisfaction of the infant's physical needs is not sufficient for its proper emotional and personality development. A successful and happy life depends a great deal on the individual's capacity for successful interpersonal relationships, that is, the capacity to give and receive love. This in turn depends partly on the child's first experiences with love, obviously with his first love object, the mother. The warm, tender love of the mother, which finds repeated opportunity to express itself in the physical care of the baby, brings deep pleasure and satisfaction to the infant and small child. This is best achieved through intimate physical contact with the mother, such as occurs when she nurses her infant. To a lesser extent it takes place whenever she handles him, when she cleans him, fondles and plays with him. The nursing experience itself is probably the most significant experience of infancy. Along with the blissfully satisfying relief from painful hunger, the nursing infant experiences the physical and sensuous touch and warmth of the mother's body, her breasts, and her arms.

Psychiatrists have learned from children and from our adult patients how invaluable an intimate physical and emotional relationship is, and how disastrous the lack of it can be. Without the experience and knowledge of warm maternal love, the child will frequently not consciously desire it, and may never have the capacity to give it. The result is a cold, unloving individual who neither wants nor gives the genuine love and sexuality which make intimate human relationships possible.

Nursing at the breast brings much satisfaction to the mother also. When not inhibited by neurotic emotional attitudes, it is a deeply gratifying sensual and emotional experience which she shares with her infant. This helps to bind them together with a strong bond of mutual satisfaction, pleasure and love, thus establishing the basis for future love relationships.

It is largely for this reason that certain psychiatrists have become interested in "rooming in," as it provides, in the artificial and unnatural atmosphere of the hospital, the natural setting for mother and infant. In this setting the infant can begin its life as it should, with its mother. It can be fed by its mother when it is hungry, it can be washed, cared for, caressed and loved by its mother. Thus a continuity exists from the prenatal intra-uterine existence, the most intimate mother-infant relationship, into the postnatal period of infancy without the artificial interruption which is the rule during the lying-in period. With her infant in a crib next to her bed, the mother is instantly aware of its needs, when it wakes up, when it cries. The infant does not have to depend on busy and frequently impersonal nurses and does not have to "cry it out." The mother and child become accustomed to each other from the very beginning, so that no period of adjustment is necessary after they arrive home.

It can legitimately be asked whether "rooming-in" is advisable for all mothers. As the plan is still very much in the experimental stage, much more data must be collected before such questions can be adequately answered. In those few hospitals in which a rooming-in unit is functioning, the demand by prospective mothers has been much greater than the limited facilities could satisfy. Naturally only those women actively desirous of "rooming-in" have been selected. This means on the whole that the more maternal and less ambivalent women have been used in the experiment. How the immature narcissistic woman who exploits her child for her own pleasure by "loving" it too much, or the over-anxious insecure mother, or the hostile rejecting mother, and the more ambivalent mothers will be affected by the "rooming-in" experience is unknown. The author suspects that "rooming-in" might prove to be especially beneficial for just such neurotic mothers, as their attitudes and behavior could be scrutinized by the professional nursing and medical personnel, which could lead to fruitful therapeutic and educational discussions. The obstetrician, the nurses, and especially the pediatrician, can utilize this lying-in period to instruct the mother not only in the proper physical care of the baby, but also in the very important subject of the baby's emotional needs. Especially, it gives the doctors and nurses an opportunity to emphasize the tremendous value and importance of genuine motherliness and to encourage the maternal strivings of their patients. Unfortunately, the medical and nursing staffs of most hospitals have for the most part done exactly the opposite. The obstetrician, because of his close relationship with the prospective mother, is in a particularly strategic position both prenatally and during the lying-in period to exert powerful influence in the proper direction. In fact, the development and success of this project depend largely on the active interest, understanding and participation of the obstetrician. Thus, to the accomplishment of bringing a mother and infant safely through pregnancy and delivery, the obstetrician can add that of aiding in the initial establishment of the all-important mother-child relationship.

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Nursing Point of View

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AT the Huntington Memorial Hospital a rooming-in experiment, limited to four beds, was put into effect December 6, 1948. The normal, full-term infant, in its own crib, is placed at the mother's bedside 24 hours after birth and remains there until departure from the hospital. There is as yet no cubicle provided to place the baby in the confines of the mother's room. Mother and infant care is provided by the same nurse instead of by two entirely separate groups of nurses.

In the interval between the beginning of the project and April 22, 1949, 575 mothers were delivered, of whom 24 have made reservation for rooming-in.

As the experiment is being carried out in an existing building, conditions for rooming-in are not ideal. Two semi-private rooms that were easily converted were chosen for the project. They are fairly large and are soundproofed. Being directly across the corridor from each other, they provide easy access for the nurse. Both rooms have private baths, wash basins and two large windows. Each accommodates two beds for adults, two cribs, two portable screens, a bureau on which is a breadbox for small equipment and a bottle warmer, two bedside tables, a flower table, a portable table for scales, two straight chairs, one easy chair, a diaper pail, a laundry pail and a waste basket. When the rooms are not being used for rooming-in, the excess equipment is removed and they are reconverted to conventional semi-private units.

Supervisor of Obstetrics at Huntington Memorial Hospital.

If a new building were built with rooming-in as the general pattern, undoubtedly small nurseries would be placed adjacent to the mothers' rooms. Lacking such facilities, the staff at Huntington Memorial Hospital hopes to obtain some of the new bassinet units which provide adequate space to store all equipment and linen for each baby, and have glass sides about 22 inches above the bassinet to protect the infant from drafts and cut down somewhat on the likelihood of air-borne infection.

Although ultraviolet lights are used in the conventional nurseries and in the formula room of the hospital, such lights have not as yet been installed in the rooming-in units. This might be desirable.

At no time thus far have all four beds in the rooming-in rooms been occupied at one time. Therefore, neither theory nor experience would give an accurate account of cost to the hospital.

A pamphlet on "A Study of Nursing Service in Twenty-one General Hospitals," published in 1948 by the National League of Nursing Education, recommended three hours of nursing care in each 24-hour period as a median standard for postpartum mothers. This may be 65 per cent professional and 35 per cent non-professional. The median standard recommended for newborn infants on general care was 2.8 hours of nursing care in each 24 hours. This may be 77 per cent professional and 23 per cent non-professional. Thus, one nurse may be assigned six to eight patients, the number depending largely upon the type of care required.

ASSIGNMENT OF NURSING DUTIES

Due to the small number of reservations for rooming-in at Huntington Memorial Hospital, the nurses